



Commissioner for Patents
Washington, DC 20231
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CONFIRMATION NO. 6211

Bib Data Sheet

SERIAL NUMBER 10/049,803	FILING DATE 02/15/2002 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 886-003c1US
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APPLICANTS

Robert Pines, New York, NY;
Evan Marwell, New York, NY;
John Blakeney, Macungie, PA;
Christine Baumeister, Harleyville, PA;

**** CONTINUING DATA *******

This application is a 371 of PCT/US01/02366 01/24/2001
which claims benefit of 60/179,166 01/31/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/26/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 20	TOTAL CLAIMS 169	INDEPENDENT CLAIMS 30
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Sofer & Haroun LLP
317 Madison Avenue Suite 910
New York ,NY 10017

TITLE

Communication assistance system and method

FILING FEE RECEIVED 5660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

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 WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 6211

SERIAL NUMBER 10/049,803	FILING DATE 02/15/2002 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 886-003c1
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APPLICANTS

Robert Pines, New York, NY;
 Evan Marwell, New York, NY;
 John Blakeney, Macungie, PA;
 Christine Baumeister, Harleyville, PA;

** CONTINUING DATA *****

THIS APPLICATION IS A 371 OF PCT/US01/02366 01/24/2001
 WHICH CLAIMS BENEFIT OF 60/179,166 01/31/2000

** FOREIGN APPLICATIONS *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 20	TOTAL CLAIMS 169	INDEPENDENT CLAIMS 30
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TITLE

Communication assistance system and method

FILING FEE RECEIVED 5660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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